



KBIC CNAP (Community Needs Assistance Program) GUIDELINES

PLEASE KEEP THESE GUIDELINES AS A REFERENCE. THANK YOU!

ADOPTED: July 8, 2010

Revised per Tribal Council motions on: 10/07/2010, 01/14/2011, 01/27/2011, 02/10/2011, 03/05/2011, 05/05/2011, 06/23/2011, 09/29/2011, 11/17/2011, and 03/08/2012,

Revised per Council decision by consensus on: 10/27/2011, 11/10/2011, 12/21/2011, and 05/31/2012

PURPOSE

The purpose of this policy is to govern the funding assistance associated with supporting the basic essential needs of our Tribal members in order to promote self-sufficiency by ensuring the quality of life, general health, and welfare of each one.

*****NOTE:** Tribal funds are intended **ONLY** to decrease costs **NOT** to pay the full amount.

SERVICES NOT INCLUDED

This program **DOES NOT** assist with; legal fees; any taxes (personal, business or real estate); vehicle purchases/monthly payments, scheduled vehicle maintenance as identified in owner's manual; any type of insurance payments; any licenses or reinstatement fees, fines, restitution, or court costs; television cable, dish, or satellite expenses/bills, telephone or cell/track phone bills, credit card or internet/computer bills or any other luxury or non-emergency items. **Braces and relocation requests are no longer funded.**

SERVICE AREA

Eligible Applicants must reside in one of the following counties: Baraga, Houghton, Ontonagon, Marquette, Keweenaw, or Dickinson.

ELIGIBLE APPLICANTS

Enrolled KBIC members must be at least 18 years of age.

Non-Enrolled Parent/Custodian

The non-enrolled parent/custodian may apply on behalf of an enrolled KBIC Tribal Member under the age of 18 residing in their household. *(Funding will be in the name of the Tribal Member child for filing purposes, if a check is disbursed it will be in the name of the parent/custodian).*

APPLICATIONS

All completed applications must be submitted along with the following:

- A signed request form with a brief explanation and advance agreement;
- Verification of address (current utility bill or signed lease, etc.);
- Verification of enrollment for every household member;
- Other documents as required for individual request.

PROGRAM DURATION

Applicants are eligible each fiscal year (October 1 thru September 30).

FRAUD

Funding obtained through false information will be prosecuted.

SECTION 1: NON-MEDICAL ASSISTANCE

Maximum funds of **\$300** are allowed per household within a fiscal year, effective October 1, 2011.

The Homeowner or Lessee listed on the CAP Application **MUST** authorize funding requests made by eligible individuals residing within their household related to Section 1, prior to processing.

This section is limited to households experiencing financial hardships during a situation where an individual/family's home or personal possessions are either destroyed or damaged through forces beyond their control. Requests will be reviewed on a case-by-case basis. All applicants must meet the established criteria to ensure fairness and equity to all Tribal Members.

I. Repair/Replacement

Assistance to replace or repair necessary equipment - stove, furnace, refrigerator, water heater, washer, dryer, repair or replacement assistance for plumbing, well, septic, including cleaning, electrical problems, or weatherization improvements. An estimate or bill must be submitted with completed application.

II. Vehicle Repair or Tire Replacement

To be eligible for assistance all of the following conditions must be met:

1. Must need vehicle for transport to and from work; or have minor children living in the household full-time; or are a disabled tribal person or tribal member over age 54; or have a Tribal member over age 54; or if tribal member residing in the household have a medical condition that requires the vehicle for medical travel to appointments or medical treatment associated with a medical condition/illness; and
2. The vehicle is not running or a mechanic certifies the vehicle is unsafe and repairs are necessary to prevent injury, death or dismemberment; and
3. The vehicle is in applicant's name, with valid insurance and registration.

NOTE: The program does not assist with any deductibles for insurance claims – windshields, body damage, etc. The applicant is ineligible for assistance if the vehicle was not working/running properly when purchased or if the vehicle is not legally registered and insured.

An estimate or bill for repair, proof of insurance and ownership of vehicle must be submitted with completed application.

III. Homeless [Stability] Assistance

Homelessness is defined as having no residence, or living on the streets, and/or having no roof over one's head.

There is limited assistance if the applicant is homeless, due to circumstances not of their own making at the time of application.

The program will not assist applicants who are homeless due to criminal activities.

Two (2) program administrators must approve requests under this category prior to any assistance given.

Payment will go directly to the vendor for security deposit, connection fee, or as needed, to ensure applicant is no longer without housing. This may include hotel accommodations, pending housing along with limited emergency food assistance.

An estimate or documentation from landlord and/or lease with rental amount, address verification and a denial from another agency must be submitted with complete application.

IV. Eviction or Utility/Heating Disconnection Assistance

Limited assistance is available for utility/heating disconnections, shut-offs, and eviction notices.

V. Sobriety Travel

Travel assistance for tribal members for admittance into an inpatient treatment facility intended to help the member attain sobriety. One-way transportation to a facility and upon **successfully** completing their program, return transportation will be funded. All requests must include a denial from KBIC's SAP [Substance Abuse Program] stating they are unable to provide any assistance. Verification of admittance into the facility's program must be provided and applicant must sign release of information at facility for KBIC for verification of arrival at facility and to verify successful completion of program.

SECTION 2: MEDICAL TRAVEL ASSISTANCE

Immediate Family Members *(For the purpose of Section 2 only.)*

For the purpose of Section 2 only, immediate family members (***including*** spouse and spouse's relations) are defined as follows:

GRANDPARENTS:

Grandmother/Grandfather
including Greats

CHILDREN:

Son/Daughter
Stepson/Stepdaughter
Foster Son/Daughter

PARENTS:

Mother/Father
Stepmother/Stepfather
Foster Parent

GRANDCHILDREN:

Grandchildren including Greats

SIBLINGS:

Brother/Sister
Stepbrother/Stepsister

AUNTS & UNCLES:

Aunt/Uncle including Greats

NIECES & NEPHEWS:

Nieces/Nephews including Greats

COUSINS:

First Cousins

KBIC Descendent Children under the Age of 18 *(Applies to this section only.)*

The KBIC Tribal Member parent may apply on behalf of their KBIC Descendent child(ren) under the age of 18 residing in their household. Descendents are not given individual funds and must utilize funding through their parent(s).

All travel assistance monies are to be given to each eligible applicant to see a ***medical specialist, only*** and/or for inpatient hospital stays. It is required that for each separate medical specialist, a physician's referral (when it's necessary by the medical specialist) **or** a document of proof that a physician's referral is not necessary to be treated by a particular medical specialist must be obtained. It will be the applicant's responsibility to obtain these documents. Travel benefits are based on location of medical appointment according to the "Fuel Allowance" "Meal Allowance" and "Lodging Allowance" sections below.

Basic Medical Travel Allowance

Travel assistance of up to **\$600** is authorized for each eligible applicant.

Additional Medical Travel Allowance

An additional **\$1,200** is allotted for those eligible applicants who have a terminal illness and/or those with ongoing conditions/illnesses requiring continued medical care (appointments, treatments, etc.).

Terminally ill patients, diagnosed by a doctor, up to **\$10,000** in travel expenses and require coordination with the health department director after the amount of \$1,800 is reached.

Note: In this section, documentation of a diagnosis, as a statement of proof is required to show need of ongoing care and must be submitted to justify the appropriation of these funds.

Out-of-Area Travel (200 Roundtrip Miles or More)

Advanced payments or reimbursements are made as follows for out-of-area travel for medical appointments, treatments, and surgery or to stay with an “Immediate Family Member” during their documented inpatient hospital stay.

Note: Case by case determination of benefits for additional food and lodging will be considered and appropriated for those eligible applicants who require a driver who is not listed as an eligible applicant.

Funding is provided for medically necessary Specialist appointments which are located at least 26 miles away from the applicant’s residence. Verification of appointment(s) and a referral (when applicable) must be submitted with completed application. Funding is based on the roundtrip miles associated with the appointment, amount of time necessary to complete the appointment and whether or not lodging is necessary. All subsequent requests for medical travel funding will be denied if the required receipts are not turned in within 15 days of return of travel.

Fuel Allowance

Funds will be provided for fuel, based on the roundtrip miles from the applicant’s residence (City) to the medical facility’s location (City and State). Roundtrip mileage will be calculated using MapQuest or other similar mileage calculation website. Roundtrip distances up to 200 miles will receive a Pines “Fuel Only” gift card as follows: **(52-80=\$15); (81-110=\$20); (111-140=\$25); (141-170=\$30); and (171-200=\$35)**. Roundtrip distances over 200 miles will be paid by check at the **current** “GSA” “Privately Owned Vehicle (POV) Mileage Reimbursement Rates” **“If Government-owned automobile is available”** section.

Meal Allowance

Funds for meals will be provided if requested by the applicant and the estimated time necessary to complete the appointment exceeds 6 hours. Travel time will be determined based on the roundtrip miles of the appointment (1 hour of travel time will be allowed for each 50 miles) plus the time needed at the medical facility for the appointment (a minimum of one hour will be allowed to complete an appointment up to a time allowance determined by the CAP Administrator based on the information provided about the appointment). Funding will be provided as follows:

(6 a.m. – 12 noon = \$6) (12 noon – 6 p.m. = \$8) (6 p.m. – 6 a.m. = \$10)

Lodging Allowance

Funding for lodging will be provided if requested by the applicant and the combined travel time and scheduled appointment is expected to last for more than 12 hours **or** the scheduled appointment would require the patient to leave home prior to 6 a.m. and or arrive home after midnight **or** forecasted weather conditions require leaving home prior to 6 a.m. or arriving home after midnight. **Funding will be allocated at 75% of the Federal GSA maximum lodging rate for the area where the appointment is scheduled. Hotel**

RECEIPTS: *Hotel receipts for travel advances must be submitted within 15 days from return of travel. Failure to do so, may result in denial of any future advances and only reimbursements will be made for the remainder of the fiscal year or the amount owed will be deducted from a future request. Valid travel expenses only include food, gas, and lodging, as stated above.*

SECTION 3: ADDITIONAL ASSISTANCE

FIRE ASSISTANCE

'Fire Assistance' up to the amount of \$ 1,000.00 for Tribal Members experiencing fire damage involving their primary residence that exceeds a minimum \$1,000.00 worth of damage at the discretion of the Tribal Chairman.

FUNERAL FAMILY ALLOWANCE

The Tribal President may expend up to \$1,000 at his discretion AND the family may request up to three hotel rooms for up to three days for out of the area immediate family members traveling here for the funeral. Applicants must submit verification of funeral with completed application.

FUNERAL ALLOWANCE

Travel assistance up to the amount of \$300 to an immediate family member's funeral that is out of the defined service area. Assistance based on location of funeral. Immediate family shall be defined as follows: spouse, parents, step-parents, parent-in-law, children, step/foster children, sons/daughters-in-law, sisters, brothers, step sisters/brothers, sister/brothers-in-law, grandparents, grandchildren, aunts, uncles, nephews, nieces, and cousins.



APPLICATION PROCEDURE

- A. Submit completed application and request form [**see attached forms**] and supporting documentation as defined in the policy to the Community Assistance Program Administrator for determination.
- B. In the absence of the Program Administrator applications are to be submitted to the Office of the Chief Executive Officer. When both the Program Administrator and the CEO are out of the office then the Assistant CEO will act upon immediate emergencies. If all three (3) are out - the Tribal President will act upon immediate emergencies.
- C. The Program Administrator will make determinations - within 24 hours - according to eligibility and documentation submitted - if applicants are denied they have a right to appeal adverse determinations [see Appeal Process for Adverse Determinations].

Approved applications will result in a purchase request for allowable payment to the vendor or reimbursement to the applicant.

- D. An immediate family member cannot approve purchase requests.
- E. Applications that are incomplete or missing supporting documents will be denied.



APPEAL PROCESS FOR ADVERSE DETERMINATIONS - in the event an application is denied Community Needs Assistance Program funding the applicant shall have the ability to file an appeal - the following is the appeal process which will be included with each adverse determination.

- A. The applicant must file a written appeal [**see attached form**] to the **CEO** within **5 days** from the date of denial notification or upon return from emergency travel. The applicant must state grounds for appeal.
- B. The CEO shall file the original appeal and forward a copy to each of the following: the Community Assistance Program Administrator, the Assistant CEO, and the Tribal President.
- C. An Appeal Panel consisting of two (2) other Program Administrators shall review the appeal.
- D. The Appeal request must include any new evidence or information that was not submitted at the time of application [which means the applicant may submit an appointment card if it wasn't submitted at the time of application or any relevant new information].
- E. A decision on the applicants appeal will be rendered within **5 working days** from the date of written appeal.
- F. If an applicant remains unsatisfied with the Program Administrators Determination to Appeal, the applicant may file a final appeal with the Tribal Council Secretary within 5 working days after receipt of Determination of Appeal by the Program Administrators. The request for appeal must include all information submitted to the Program Administrators. The Tribal Council Secretary will provide Tribal Council with copies for their consideration and decision.
- G. The decision of the Tribal Council is **final**.



COMMUNITY NEEDS ASSISTANCE PROGRAM - APPEAL

I am appealing the denial decision made on _____ as I feel the original request is covered under the Community Needs Assistance Program because - _____

I am submitting - the following information not included with application:

☐ Verification of Residence ☐ Verification of Doctors Appointment

☐ Verification of Auto Insurance ☐ Verification of Vehicle Ownership

☐ Eviction Notice ☐ Verification of Homeownership

☐ Billing statement/estimate ☐ OTHER: _____

☐ OTHER: _____ ☐ OTHER: _____

Applicant Signature Date

Spouses Signature Date



COMMUNITY NEEDS ASSISTANCE PROGRAM

DETERMINATION NOTICE OR DETERMINATION OF APPEAL

_____ :

I received your application for COMMUNITY NEEDS ASSISTANCE Funding on -
_____ and have determined your application is:

☐ **DENIED** under the guidelines established for this program you
are not entitled to any benefit payment because:

☐ you do not live in the service area;

☐ you are not an enrolled tribal member;

☐ you did not submit requested documentation;

☐ your request is not an emergency;

☐ you have utilized all of your funding until _____;

☐ **OTHER:** _____

Signature

Date

Should you disagree with this determination, you have the right to file a written
appeal within 5 days from the date of this notice or upon return from the
emergency travel.

Appeals should be directed to:

Larry Denomie III, CEO
Keweenaw Bay Indian Community
16429 Beartown Road
Baraga, MI 49908
906-353-6623 ext. 4104

or if FINAL APPEAL

Susan LaFernier, Tribal Council Secretary